

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04053

## 1. PLACE OF DEATH

County Dorchester

WITHIN CORPORATE LIMITS OF

Registration Dist. No. 116Village or City Cambridge, Md.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. 107 W. Ellis St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WidowMaggie Smith

6. DATE OF BIRTH (month, day, and year)

Feb 10, 1838

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.94219

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Sailor, Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Civil War Veterans

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md

FATHER

13. NAME

Jr. M. Adams

14. BIRTHPLACE (city or town) (State or country)

Md

MOTHER

15. MAIDEN NAME

Mary Thomas

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT (Address)

Mrs. Ella G. Gump  
Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Church Md Date May 1 1932

19. UNOBTAINER (Address)

Thos. E. Albaugh  
Cambridge Md20. FILED Apr. 30, 1932J. E. Ewing

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 29  
(Month) (Day) 1932 (Year)

22. I HEREBY CERTIFY That I attended deceased from

April 26, 1932, to April 29, 1932I last saw him alive on April 29, 1932; death is said to have occurred on the date stated above, at 2 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

CerebralDate of onset  
4/23

Other Contributory Causes of importance:

Uremia4/28Name of operation none

Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) P. H. Fowler

M. D.

(Address) Cambridge

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1432

1 PLACE OF DEATH WITHIN CORPORATE LIMITS OF  
County Dorchester

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 116

Village or City Cambridge (No. 2 Bethel)

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Infant (Woodford) Bonks

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Bl. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH April 17, 1932  
(Month) (Day) (Year)

7 AGE \_\_\_\_\_ If LESS than 1 day \_\_\_\_\_ hrs. \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds. or \_\_\_\_\_ min.?

8 OCCUPATION  
(a) Trade, profession or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Maryland

10 NAME OF FATHER Jemas Woodford

11 BIRTHPLACE OF FATHER (State or country) Maryland

12 MAIDEN NAME OF MOTHER Hattie Bonks

13 BIRTHPLACE OF MOTHER (State or Country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jemas Woodford  
(Address) Cambridge, Md.

15 Filed Apr. 19, 1932 EE Woodford  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 19, 1932  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 1932 to 1932,  
that I last saw him Not at all alive on \_\_\_\_\_, 1932.

and that death occurred on the data stated above, at \_\_\_\_\_ m.  
The CAUSE OF DEATH \* was as follows:

Prematurity (7 1/2 mo.)  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory  
Secondary

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) John Moore Jr. M. D.  
April 17, 1932 (Address) Cambridge, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Old Field Church DATE OF BURIAL Apr. 30, 1932

20 UNDERTAKER Leonard Woodford ADDRESS Cambridge, Md.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 7 1932

BUREAU OF

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04055

## 1. PLACE OF DEATH

County DorchesterVillage or City Cambridge, Md.,

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

Registration Dist. No. II6No. 203 Willis Street, St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Robert Oliver Booge.(a) Residence: No. 203 Willis St. Cambridge St., Md. Ward. I

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofAnnie V. Mills

## 6. DATE OF BIRTH (month, day, and year)

II/18/1852

## 7. AGE

Years

79

Months

4

Days

19

If LESS than

1 day, hrs.  
or min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.None9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)X11. Total time (years)  
spent in this  
occupationX

## 12. BIRTHPLACE (city or town)

(State or country)

Maryland

## FATHER

## 13. NAME

George Booge

## 14. BIRTHPLACE (city or town)

(State or country)

Maryland

## MOTHER

## 15. MAIDEN NAME

Annie Booge

## 16. BIRTHPLACE (city or town)

(State or country)

Maryland

## 17. INFORMANT

(Address)

Mr. Ogle Booge.  
Cambridge, Md.,

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Lakesville, Md.

Date

4/10/32.

## 19. UNDERTAKER

(Address)

Granville S. LeCompte.  
Cambridge, Md.,

## 20. FILED

Apr. 8, 1932E. E. Wolff

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April7th193 2

(Month)

(Day)

(Year)

## 22.

I HEREBY CERTIFY, That I attended deceased from

Mar1932

to

April 71932I last saw him alive on April 7, 1932; death is saidto have occurred on the date stated above, at 6.30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Cerebral HaemorrhageMar 10

Other Contributory Causes of Importance:

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

## 24. Was disease or Injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |
| BUREAU V.S.                    |               |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |
|                        |               |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N-6—WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64056

## 1. PLACE OF DEATH

County DorchesterVillage or City Near FederalburgRegistration Dist. No. 110

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Ella Bramble(a) Residence: No. Federalburg, Md. R.F.D. St.  Ward. 

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Fred. J. Bramble

## 6. DATE OF BIRTH (month, day, and year)

Mar. 14 1873

## 7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

59—18

## OCCUPATION

## 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

House-work

## 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

## 10. Date deceased last worked at this occupation (month and year)

## 11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (city or town) (State or country)

EldoradoMd.

## FATHER

## 13. NAME

Samuel Fisher

## 14. BIRTHPLACE (city or town) (State or country)

Md.

## MOTHER

## 15. MAIDEN NAME

No data

## 16. BIRTHPLACE (city or town) (State or country)

""

## 17. INFORMANT (Address)

Fred. J. Bramble  
Federalburg, Md. R.F.D.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Federalburg, Md. Date Apr. 5, 1932

## 19. UNDERTAKER (Address)

W. H. Trautman & Son  
Federalburg, Md.

## 20. FILED

April 4, 1932 Robt. L. Hastings  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 2nd 1932  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY That I attended deceased from

Jan 15 1932 to Apr 2 1932  
last saw her alive on Apr 2 1932 death is saidto have occurred on the date stated above, at 8:15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Senile Dementia  
Generalized Atherosclerosis  
Myocardia

Date of onset

Other Contributory Cause of importance:

Bilateral Bronchopneumonia  
7 to 10 days duration

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed)

(Address)

W. C. Brown  
Federalburg, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

## Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04057

## 1. PLACE OF DEATH

County Dorchester <sup>WITHIN CORPORATE LIMITS OF</sup> Registration Dist. No. 116  
 Village or City Cambridge ND. Glenburn Ave. St. Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Robert Frank Brammick  
 (a) Residence: Nd. Glenburn Ave. St. Ward  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |  |   |
|---|--|---|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>Ella E. Brammick</u>                         |  |   |
| 6. DATE OF BIRTH (month, day, and year) <u>April 19, 1859</u>   |  |   |
| 7. AGE<br>Years <u>72</u><br>Months <u>11</u><br>Days <u>29</u><br>If LESS than 1 day, _____ hrs. or _____ min. | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>Maan</u> |   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.<br><u>Retired Contractor</u> |  |   |
| 10. Date deceased last worked at this occupation (month and year) _____   |  |   |
| 11. Total time (years) spent in this occupation _____   |  |   |

12. BIRTHPLACE (city or town) Ind.  
 (State or country)

13. NAME William Brammick

14. BIRTHPLACE (city or town) Ind.  
 (State or country)

15. MAIDEN NAME Martina A. Tiskue

16. BIRTHPLACE (city or town) Ind.  
 (State or country)

17. INFORMANT Frank Brammick  
 (Address) Cambridge, Ind.

18. BURIAL, CREMATION, OR REMOVAL  
 Place Cambridge Date April 11, 1932

19. UNDERTAKER Frank E. Abbaugh  
 (Address) Cambridge, Ind.

20. FILED Apr. 11, 1932 E. R. Woff  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 9, 1932  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1932, to April 9, 1932

I last saw him alive on April 9, 1932; death is said to have occurred on the date stated above, et. 11:50 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hypertensive Carditis -  
vascular disease  
Acute dilatation of heart.  
 Date of onset 4/9/32

Other Contributory Causes of importance:

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) John Mace Jr. M. D.

(Address) Cambridge, Ind.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

## Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1932-43  
1859-4-20  
72-11-19  
1930  
1530  
1614  
289  
19

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04058

## 1. PLACE OF DEATH

County BrockenridgeVillage or City Cambridge

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Registration Dist. No. 116No. Multumity Hnptl St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. Cambridge Md. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single6. DATE OF BIRTH (month, day, and year) April 7-19327. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. off Still Born8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. — 10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town) (State or country) Md.13. NAME James A. Camper14. BIRTHPLACE (city or town) (State or country) Md.15. MAIEN NAME Omnd. Bennett16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT (Address) Omnd. Camper Vienna Md.18. BURIAL, CREMATION, OR REMOVAL Place Vienna, Maryland Date April 8, 193219. UNOERTAKER (Address) James A. Camper Vienna, Maryland.20. FILED April 8, 1932 E.E. Woff Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH april 7 (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ 1932 (Year) \_\_\_\_\_22. I HEREBY CERTIFY, That I attended deceased from 4/7, 1932, to \_\_\_\_\_, 1932.I last saw him on April 4/7, 1932; death is said to have occurred on the date stated above, at 10:45 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Still Born

Date of onset

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_ Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_ (Signed) James Still M. D. (Address) Cambridge Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

## Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Dorchester CountyVillage or City CambridgeRegistration Dist. No. 02956No. Eastern Shore State Hospital, Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 9 ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME Ezilda Cannon(a) Residence: No. Seaford, Delaware St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |  |   |
|--|--|---|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of <u>Samuel E. Cannon</u> |  |   |
| 6. DATE OF BIRTH (month, day, and year) <u>November 26, 1864</u>                           |  |   |
| 7. AGE<br>Years<br><u>67</u>   | Months<br><u>4</u>   | Days<br><u>20</u>   |
| If LESS than<br>1 day, _____ hrs.<br>or _____ min.   |  |   |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housework</u> |   |
|  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Housework</u>          |   |
|  | 10. Data deceased last worked at this occupation (month and year) _____                                      |   |
|  |  | 11. Total time (years) spent in this occupation _____                       |

12. BIRTHPLACE (city or town) Reliance  
(State or country) Maryland13. NAME John Henry Lankford14. BIRTHPLACE (city or town) Reliance  
(State or country) Maryland15. MAIDEN NAME Ellen Tull16. BIRTHPLACE (city or town) Cincinnati  
(State or country) Ohio17. INFORMANT E.S.S. Hospital Records  
(Address) Cambridge, Md.18. BURIAL, CREMATION OR REMOVAL  
Place Reliance Date April 18, 193219. UNDERTAKER H. B. Brown  
(Address) Sharpsburg, Md.20. FILED April 16, 1932 E. E. Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 16, 1932  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
April 7, 1932, to April 16, 1932I last saw her alive on April 16, 1932; death is said  
to have occurred on the date stated above, at 4 P.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Cerebral arterio-sclerosis

Date of onset

About  
1 yr.  
ago

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Charles Lapierre M. D.(Address) Cambridge, Maryland



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64060

## 1. PLACE OF DEATH

County DorchesterVillage or City Near WilliamsburgRegistration Dist. No. 110

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Sarah Hester Cannon(a) Residence: No. Williamsburg, Md. R.F.D. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Widowed

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofFrank H. Cannon.

6. DATE OF BIRTH (month, day, and year)

Sept. 17th. 1857

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.74623

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Housework9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country) \_\_\_\_\_Dorchester Co.  
Maryland.

FATHER

13. NAME

John Bowdle,14. BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country) \_\_\_\_\_Dorchester Co.  
Maryland.

MOTHER

15. MAIDEN NAME

Elizabeth Griffith,16. BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country) \_\_\_\_\_Dorchester Co.  
Maryland.

17. INFORMANT

(Address)

Enos Cannon,  
Williamsburg, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place

Federalsburg, Md. Apr. 13, 1932

19. UNDERTAKER

(Address)

J. T. Frampton & Son,  
Federalsburg, Md.

20. FILED

April 13, 1932 Robt L. Hastings

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April, 10th.

(Month)

(Day)

1932

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

4/5, 1932, to 4/10, 1932I last saw her alive on 4/10, 1932; death is saidto have occurred on the date stated above, at 8-P. m.The PRINCIPAL CAUSE OF DEATH and related causes of Importance  
were as follows:Lobar Pneumonia

Date of onset

Other Contributory Causes of Importance:

Influenza

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Roger Myers  
Amesbury, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04061

## 1. PLACE OF DEATH

County Dor. Co., Md. Village or City CambridgeRegistration Dist. No. 116

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. Cambridge Md. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |                                    |  |
|--|------------------------------------|--|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>Colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of _____<br>(or) WIFE of _____                                       |                                    |  |
| 6. DATE OF BIRTH (month, day, and year) <u>Unknown</u>   |                                    |  |
| 7. AGE<br>Years <u>41</u>  | Months _____                       | Days _____   |
| If LESS than 1 day, _____ hrs. or _____ min.   |                                    |  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>Gen. Housework</u> |                                    | 11. Total time (years) spent in this occupation _____                      |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                                   |                                    |  |
| 10. Date deceased last worked at this occupation (month and year) _____  |                                    |  |

|   |  |
|---|--|
| MOTHER<br>FATHER  | 12. BIRTHPLACE (city or town) (State or country) <u>Cambridge Maryland</u> |
|   | 13. NAME <u>Stansbury Jenkins</u>  |
|   | 14. BIRTHPLACE (city or town) (State or country) <u>Obolts Co.</u>         |
|   | 15. MAIDEN NAME <u>Selia Cephus</u>  |
|   | 16. BIRTHPLACE (city or town) (State or country) <u>Dor. Co., Md.</u>      |
|   | 17. INFORMANT <u>Suzan Cornish</u><br>(Address) _____                      |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Wright Cemetery</u> Date <u>Apr 8<sup>th</sup> 1932</u> |  |
| 19. UNDERTAKER <u>T. M. S. Co.</u><br>(Address) <u>305 Main St. Cambridge Md.</u>                     |  |
| 20. FILED <u>Apr. 8, 1932</u> <u>E. E. Wolff</u><br>Registrar.  |  |

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

4 (Month) 6 (Day) 1932 (Year)

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_

I last saw him alive on \_\_\_\_\_ death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchial Asthma

Date of onset

April 7/32  
April 16/32

Other Contributory Causes of Importance:

None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D.

(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

## Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64062

## 1. PLACE OF DEATH

County

Worcester  
East New Market

Registration Dist. No.

111

Village or City

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

William C. Coleman

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

1868

7. AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

64

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Labor

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Md

FATHER

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

Md

17. INFORMANT  
(Address)John W. Banks  
East New Market

18. BURIAL, CREMATION, OR REMOVAL

Place East New Market Date April 25, 1932

19. UNDERTAKER  
(Address)H. A. Williams  
East New Market

20. FILED

Apr. 25, 1932 A. E. Parker  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 23, 1932

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That, I attended deceased from

April 22, 1932, to April 22, 1932

I last saw him alive on April 22, 1932; death is said

to have occurred on the date stated above, at 8 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance  
were as follows

Influenza

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Blood &amp; sputum Was there an autopsy? No

23. If death was due to external causes (VIOLENCE, fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “*laborer*” when a more precise statement of the occupation can be secured. Do not use the word “*mechanic*,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., *heart failure*, *asphyxia*, *asthenia*, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

040663

## 1. PLACE OF DEATH

County Essex

IN THE CORPORATE LIMITS OF

Registration Dist. No. 116Village or City Cambridge

No.

St.

Ward

Length of residence in city or town where death occurred 71 yrs. 0 mos. 2 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. If of foreign birth? 2 yrs. 0 mos. 0 ds.2. FULL NAME Milford Franklin Creighton(a) Residence: No. 107 Wilbur

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofElla Adams Creighton

6. DATE OF BIRTH (month, day, and year)

Apr 14 - 1862

7. AGE

Years

Months

Days

If LESS than  
1 day, 2 hrs.  
or 2 min.7002

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Painter9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Maryland

FATHER

13. NAME

John W. Creighton14. BIRTHPLACE (city or town)  
(State or country)Maryland

MOTHER

15. MAIDEN NAME

Nancy Flowers16. BIRTHPLACE (city or town)  
(State or country)Maryland

17. INFORMANT

(Address)

Mrs. Milford Creighton  
Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Cambridge

Date

Apr 18, 1932

19. UNOBTAINER

(Address)

Frank E. Albough  
Cambridge, Md.

20. FILED

Apr. 18, 1932E. W. Wray

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Apr 16

(Month)

(Day)

193

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Apr 10 to Apr 16, 1932last saw him alive on Apr 16, 1932; death is said  
to have occurred on the date stated above, at 4 P. m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Brain abscess

Date of onset

Apr 1/32

Other Contributory Causes of Importance:

Paludal Fever

Name of operation

None

Date of

What test confirmed diagnosis?

None

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       |                     |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               |                   |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04064

## 1. PLACE OF DEATH

County Dorchester co

WITHIN CORPORATE LIMITS

Registration Dist. No. 116Village or City Cambridge md

No.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Maggi barksdale(a) Residence: No. 14 maale ave St. 2 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word)

5a. ☒ married, widowed, or divorced  
HUSBAND of  
(or) WIFE of wife

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNOERTAKER (Address)

20. FILED

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

(Month)

(Day)

193

(Year)

22. I HEREBY CERTIFY, That, I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide

Date of Injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

## Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, and STATE-  
CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact  
statement of OCCUPATION is very important. See instructions on back of certificate.

| PLACE OF DEATH   |  | STATE OF MARYLAND                                       |   |
|--|--|---|---|
| County   |  | CERTIFICATE OF DEATH                                    |   |
| Registration Dist. No.   |  | 112.  |   |
| Dorchester   |  | Vienna, R.D.  |   |
| Village or City  |  | (No. St. Ward)  |   |
| FULL NAME (3 Months-Miscarriage) Davenport.  |  |   |   |
| PERSONAL AND STATISTICAL PARTICULARS   |  |   |   |
| 1 SEX  | 2 COLOR OR RACE                            | 3 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) | 4 |
| Not distinguishable.   | White.                                     | Single.   |   |
| 5 DATE OF BIRTH  |  |   |   |
| April 29th., 1932.   |  |   |   |
| 7 AGE  |  |   |   |
| 0 yrs. 0 mos. 0 ds. or 0 min. ?  |  |   |   |
| 8 OCCUPATION   |  |   |   |
| (a) Trade, profession or particular kind of work (3 Months-Miscarriage.)   |  |   |   |
| (b) General nature of industry business, or establishment in which employed or (employer).....   |  |   |   |
| 9 BIRTHPLACE (State or country)  |  |   |   |
| Maryland.  |  |   |   |
| PARENTS  | 10 NAME OF FATHER                          |   |   |
|  | Elwood Russell Davenport.                  |   |   |
|  | 11 BIRTHPLACE OF FATHER (State or country) |   |   |
|  | Maryland.                                  |   |   |
| 12 MAIDEN NAME OF MOTHER   |  |   |   |
| Mary Elizabeth Lewis.  |  |   |   |
| 13 BIRTHPLACE OF MOTHER (State or country)   |  |   |   |
| Maryland.  |  |   |   |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE   |  |   |   |
| (Informant) Mattie Davenport. (Grandmother.)   |  |   |   |
| (Address) Vienna, R.D., Md.  |  |   |   |
| 15 Filed April 30 1932 Elizabeth N. Beale Local Registrar  |  |   |   |
| MEDICAL CERTIFICATE OF DEATH   |  |   |   |
| 16 DATE OF DEATH   |  |   |   |
| April 29th., 1932.   |  |   |   |
| 17 I HEREBY CERTIFY, That I attended the deceased from 192... to 192... that I last saw him alive on 192... and that death occurred on the date stated above, at 8 A. m. |  |   |   |
| The CAUSE OF DEATH was as follows: (3 Months-Miscarriage.)   |  |   |   |
| (Duration) 0 yrs. 0 mos. 0 ds.   |  |   |   |
| Contributory Secondary   |  |   |   |
| (Signed) Edward E. Lankford M.D.   |  |   |   |
| April 29th., 1932. (Address) Vienna, Md.   |  |   |   |
| *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.                       |  |   |   |
| 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  |  |   |   |
| At place of death... yrs. ... mos. ... da. In the State, ... yrs. ... mos. ... da.   |  |   |   |
| Where was disease contracted, if not at place of death? Former or residence.   |  |   |   |
| 19 PLACE OF BURIAL OR REMOVAL  |  |   |   |
| Buried with debris of operation on premises, April 29th., 1932.  |  |   |   |
| 20 UNDERTAKER  |  |   |   |
| None.  |  |   |   |
| Buried by Family. Vienna, R.D., Md.  |  |   |   |

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Fireman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., or ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04066

## 1. PLACE OF DEATH

County Brockton WITHIN CORPORATE LIMITS OF \_\_\_\_\_ Registration Dist. No. 116  
 Village or City Cambridge St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Lavinia Davis  
 (a) Residence: No. 22 Washington St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Brockton Davis

6. DATE OF BIRTH (month, day, and year) Feb 20 1850

7. AGE Years 82 Months 2 Days 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. General house  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. work  
 10. Date deceased last worked at this occupation (month and year) (P) 11. Total time (years) spent in this occupation (P)

12. BIRTHPLACE (city or town) Salmon  
 (State or country) Ind

FATHER 13. NAME Henry Cephas

14. BIRTHPLACE (city or town) Salmon  
 (State or country) Ind

MOTHER 15. MAIDEN NAME Sarah (P)

16. BIRTHPLACE (city or town) Salmon  
 (State or country) Ind

17. INFORMANT Sarah Long  
 (Address) Dunn's Alley, Cambridge

18. BURIAL, CREMATION, OR REMOVAL Place Bucktown, Md. Date April 26, 1932

19. UNDERTAKER Lewis Bayne  
 (Address) Cambridge, Md.

20. FILED April 26, 1932 E. E. Wolff  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 23, 1932  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from April 4, 1932, to April 22, 1932

I last saw her alive on April 22, 1932; death is said to have occurred on the date stated above, at 1:10 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Valvular Heart Disease Date of onset 1920  
Chronic Hypertension 1925

Other Contributory Causes of importance:

Thrombosis 4-16-32

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Carroll M. McLean M. D.  
 (Address) Cambridge, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 111

1 PLACE OF DEATH

County Dorchester

(131)

Village or City Secretary (No)

St. Ward

If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Howard L. Duke

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

Feb 5

(Month)

(Day)

1889  
(Year)

7 AGE

4327ds.ormin.

If LESS than 1 day... hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work

Store Keeper

(b) General nature of industry, business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

md

10 NAME OF FATHER

Geo Duke

11 BIRTHPLACE OF FATHER

(State or country)

md

12 MAIDEN NAME OF MOTHER

Lucy Stevens

13 BIRTHPLACE OF MOTHER

(State or country)

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Howard Duke

(Address)

Secretary

15

Filed

Apr. 141922H. E. Parker

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

4  
(Month)12  
(Day)32  
(Year)

17 I HEREBY CERTIFY, That I attended the deceased from

7/271922

to

4/1232that I last saw him alive on 4/10/32, 1922and that death occurred on the date stated above, at 5 m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial NephritisContributory  
Secondary(Duration) 9 yrs. 9 mos. 9 da.

(Signed)

Dr. J. H. Myers

M. D.

4/141922

(Address)

Harford md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury; and (2) whether Accidental, Suicidal or Homicidal

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death 4 yrs. 9 mos. 9 da.In the State, 4 yrs. 9 mos. 9 da.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

East New MarketApril 14, 1922

20 UNDERTAKER

ADDRESS

H. H. WilloughbyE. N. Market

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

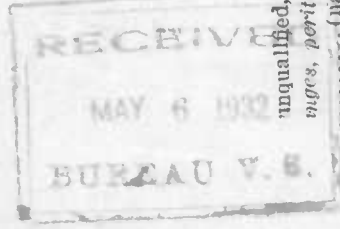
(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired 6 yrs.). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia";

unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Tracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. **112.**

1 PLACE OF DEATH

County **Dorchester**Village or City **Elliott's, Md.** (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME **Jemima Foxwell.**

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married.**  
(Write the word)6 DATE OF BIRTH **January 5th., 1870.**  
(Month) (Day) (Year)7 AGE **60 yrs. 3 mos. 6 ds.** or **min.?**  
If LESS than 1 day, \_\_\_\_ hrs.8 OCCUPATION  
(a) Trade, profession or particular kind of work **Housewife.**  
(b) General nature of industry, business, or establishment in which employed or (employer) **Housework.**9 BIRTHPLACE (State or country) **Maryland.**10 NAME OF FATHER **Severn Dayton.**11 BIRTHPLACE OF FATHER (State or country) **Maryland.**12 MAIDEN NAME OF MOTHER **Jane Ewell.**13 BIRTHPLACE OF MOTHER (State or country) **Maryland.**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Husband.)  
(Informant) **William Minos Foxwell.**(Address) **Elliott's, Md.**15 Filed **April 12<sup>th</sup> 1932.** **Elliott's, Md.** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **April 11th., 1932.** 192  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from **April 11th., 1932** to **April 11th., 1932**that I last saw her alive on **April 11th., 1932.**and that death occurred on the date stated above, at **10:45 P.**The CAUSE OF DEATH \* was as follows:  
**Apoplexy.****11 hrs.**  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.Contributory  
Secondary(Signed) **Edward J. Lankford** M.D.  
**April 12th., 1932.** **Vienna, Md.**

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL **Elliott's, Md.**DATE OF BURIAL **April 13<sup>th</sup> 1932.**20 UNDERTAKER **Willoughby & Son,**ADDRESS **E.N. Market, Md.**MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

MAY 5 1932

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.*, of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

64069

## 1. PLACE OF DEATH

County Dorchester IF THIS CORPORATE LIMITS OF Registration Dist. No. 116  
 Village or City Cambridge Md No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Mrs. Elsie B. Gray  
 (a) Residence: No. Con Pratt Street Bethesda Md. Ward. \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of C. Nelson Gray

6. DATE OF BIRTH (month, day, and year) Feb 21, 1901

7. AGE Years 31 Months 1 Days 22 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Md (State or country)

13. NAME John C. Daily

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Elsie B. Jones

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Nelson Gray (Address) Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Md Date April 15, 1932

19. UNDERTAKER Frank E. Albright (Address) Cambridge Md

20. FILED Apr 14, 1932 E E Dwyer Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 13 1932  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr 6 1932, to Apr 13 1932

I last saw her alive on April 12 1932; death is said to have occurred on the date stated above, at 2 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Influenza Pneumonia Date of onset Apr 7/32

Other Contributory Causes of importance:

Influenza Apr 1/32

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 1932

Where did Injury occur? \_\_\_\_\_ (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) E E Dwyer M. D.  
 (Address) Cambridge Md



1932-4-21  
 1901-2-21  
 31-1-22  
 20  
 43  
 43  
 21  
 1340

To be complete, an occupation return must state:

- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

### Example I

### Example II

| Example II   |                   |
|--|-------------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset     |
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

04070

## 1. PLACE OF DEATH

County DorchesterRegistration Dist. No. 115Village or City Fishing Creek

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Stillborn Hall

(a) Residence: No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |   |  |
|--|---|--|
| 3. SEX<br><u>Unknown</u>   | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>single</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of _____<br>(or) WIFE of _____                 |   |  |
| 6. DATE OF BIRTH (month, day, and year) <u>April 4 - 1932</u>                                  |   |  |
| 7. AGE<br><u>Still born</u>  | Years _____ Months _____ Days _____   | If LESS than<br>1 day, _____ hrs. _____ min.                               |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>none</u> |  |
|  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____                |  |
| FATHER   | 10. Date deceased last worked at this occupation (month and year) _____                                 |  |
|  | 11. Total time (years) spent in this occupation _____   |  |
| MOTHER   | 12. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>  |  |
|  | 13. NAME <u>Elmer McClelland Hall</u>   |  |
|  | 14. BIRTHPLACE (city or town) (State or country) <u>Fishing Creek, Md.</u>                              |  |
|  | 15. MAIDEN NAME <u>Eileen M. Phillips</u>   |  |
|  | 16. BIRTHPLACE (city or town) (State or country) <u>Fishing Creek, Md.</u>                              |  |
|  | 17. INFORMANT <u>Elmer M. Hall</u><br>(Address) <u>Fishing Creek, Md.</u>                               |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Fishing Creek, Md.</u> Date <u>April 4, 1932</u> |   |  |
| 19. UNDERTAKER <u>Elmer M. Hall</u><br>(Address) <u>Fishing Creek, Md.</u>                     |   |  |
| 20. FILED <u>April 4, 1932</u> <u>James W. Meade</u><br>LOCAL Registrar.                       |   |  |

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 4, 1932  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

April 4, 1932, to April 4, 1932I last saw Stillborn Hall on Apr 4, 1932; death is said to have occurred on the date stated above, at 8 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still birth  
Hydatidiform mole  
and uterine gest.  
6 mos.

Date of onset

4/4/32

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) James W. Meade M. O.(Address) Fishing Creek, Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County

Lakesville and. Dockeats Co.

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 114

Village or City Lakesville (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louise Hart

## PERSONAL AND STATISTICAL PARTICULARS

|                 |                          |  |
|-----------------|--------------------------|--|
| 3 SEX<br>Female | 4 COLOR OR RACE<br>White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED<br>(Write the word)<br>Widow |
|-----------------|--------------------------|--|

|                                 |                      |
|---------------------------------|----------------------|
| 6 DATE OF BIRTH<br>May 12, 1885 | (Month) (Day) (Year) |
|---------------------------------|----------------------|

|                                 |                                   |
|---------------------------------|-----------------------------------|
| 7 AGE<br>76 yrs. 10 mos. 28 ds. | (If LESS than 1 day hrs. or min.) |
|---------------------------------|-----------------------------------|

|  |                |
|--|----------------|
| 8 OCCUPATION<br>(a) Trade, profession or particular kind of work<br>(b) General nature of industry, business, or establishment in which employed or (employer) | Farmer<br>crop |
|--|----------------|

|                                    |                   |
|------------------------------------|-------------------|
| 9 BIRTHPLACE<br>(State or country) | Dorchester County |
|------------------------------------|-------------------|

|                   |            |
|-------------------|------------|
| 10 NAME OF FATHER | Levin Gore |
|-------------------|------------|

|   |          |
|---|----------|
| 11 BIRTHPLACE OF FATHER<br>(State or country) | Dor. Co. |
|---|----------|

|                          |                |
|--------------------------|----------------|
| 12 MAIDEN NAME OF MOTHER | Caroline Adams |
|--------------------------|----------------|

|   |          |
|---|----------|
| 13 BIRTHPLACE OF MOTHER<br>(State or country) | Dor. Co. |
|---|----------|

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elmer Hart

(Address) Lakesville and

|                         |                                  |
|-------------------------|----------------------------------|
| 15 Filed April 10, 1932 | W. H. Krasich<br>Local Registrar |
|-------------------------|----------------------------------|

## MEDICAL CERTIFICATE OF DEATH

|                                   |                      |
|-----------------------------------|----------------------|
| 16 DATE OF DEATH<br>April 8, 1932 | (Month) (Day) (Year) |
|-----------------------------------|----------------------|

17 I HEREBY CERTIFY, That I attended the deceased from Feb 1, 1932 to March 4, 1932, that I last saw her alive on April 7, 1932, and that death occurred on the date stated above, at 5 P. M. The CAUSE OF DEATH \* was as follows:

Bright's Disease  
Chronic nephritis. Curable

|                           |                  |                          |
|---------------------------|------------------|--------------------------|
| Contributory<br>Secondary | Age-Precept Card | (Duration) yrs. mos. ds. |
|---------------------------|------------------|--------------------------|

|                      |                               |
|----------------------|-------------------------------|
| (Signed) F. J. J. J. | M. D.                         |
| 49                   | 1932 (Address) Lakesville and |

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

|  |                                 |                            |
|--|---------------------------------|----------------------------|
| 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) | At place of death yrs. mos. ds. | In the State yrs. mos. ds. |
|--|---------------------------------|----------------------------|

Where was disease contracted, if not at place of death?

Former or usual residence.

|  |                                  |
|--|----------------------------------|
| 19 PLACE OF BURIAL OR REMOVAL<br>Wesley Cemetery | DATE OF BURIAL<br>April 11, 1932 |
|--|----------------------------------|

|                                 |                      |
|---------------------------------|----------------------|
| 20 UNDERTAKER<br>G. S. LeCompte | ADDRESS<br>Cambridge |
|---------------------------------|----------------------|

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Plunker, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Typhoid* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Masles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Masles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhag ," "Inanition," "Marasmus," "Old Age," "Shock," "Ur mia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septic mia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Retrover wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
MAY 5 1932  
BUREAU OF  
VITAL STATISTICS



# STATE OF MARYLAND—CERTIFICATE OF DEATH

64072

## 1. PLACE OF DEATH

County Baltimore

Village or City Vienna

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 4 mos. 0 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.

## 2. FULL NAME

Thelma Jones

(a) Residence: No. Vienna, Md.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |                                    |  |
|---|------------------------------------|--|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>Colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of                                |                                    |  |
| 6. DATE OF BIRTH (month, day, and year) <u>Dec 30 - 1931</u>                                |                                    |  |
| 7. AGE<br>Years   | Months                             | Days   |
| <u>4</u>  |                                    |  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. |                                    | If LESS than 1 day, hrs. min.  |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          |                                    |  |
| 10. Date deceased last worked at this occupation (month and year)                           |                                    | 11. Total time (years) spent in this occupation                            |
|   |                                    |  |

|   |   |
|---|---|
| OCCUPATION  | 12. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>    |
|   | 13. NAME <u>Charles Jones</u>                                       |
| FATHER  | 14. BIRTHPLACE (city or town) (State or country) <u>Md.</u>         |
|   | 15. MAIDEN NAME <u>Lelia Ferrar</u>                                 |
| MOTHER  | 16. BIRTHPLACE (city or town) (State or country) <u>Md.</u>         |
|   | 17. INFORMANT <u>Charles Jones (Father)</u> (Address) <u>Vienna</u> |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Vienna</u> Date <u>May 1</u> , 19 <u>32</u> |   |
| 19. UNDERTAKER <u>Family</u> (Address) <u>Vienna, Md.</u>                                 |   |
| 20. FILED <u>April 30</u> , 19 <u>32</u> <u>Elizabeth R. Beal</u> Local Registrar         |   |

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

April, 1932  
(Month) (Day) (Year)

### 22. I HEREBY CERTIFY, That I attended deceased from

, 1932, to , 1932

I last saw h. alive on , 1932; death is said

to have occurred on the date stated above, at 12:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

No attending physician

Had been sick with cold?

### Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

### 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1932

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

### 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elizabeth R. Beal Local Registrar M. D.

(Address) Vienna, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Berchester

Village or City Vienna (No. \_\_\_\_\_)

2 FULL NAME Thos. H. Jones

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 112

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Feb 25th 1880  
(Month) (Day) (Year)

7 AGE 52 yrs. 1 mos. 1 da. or 1 day 1 hrs. 1 min.?

8 OCCUPATION  
(a) Trade, profession or particular kind of work Farmer  
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) md

10 NAME OF FATHER Thos Baltimore

11 BIRTHPLACE OF FATHER (State or country) md

12 MAIDEN NAME OF MOTHER Helia Stewart

13 BIRTHPLACE OF MOTHER (State or Country) md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos Baltimore

(Address) Vienna

15 Filed April 2 1932 Elizabeth H. Loefer Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 2nd, 1932  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That passed the deceased from Sawm my office April 2, 1932  
that I last saw him alive on April 2, 1932

and that death occurred on the date stated above, at 12 noon ni.  
The CAUSE OF DEATH \* was as follows:

Influenza

Contributory  
Secondary

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) E. C. Proctor M. D.  
April 2 1932 (Address) Vienna md.

\*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death?

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Vienna DATE OF BURIAL April 5 1932

20 UNDERTAKER E. B. Killough ADDRESS Hurlock

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

RECEIVED

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ictantion," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64074

## 1. PLACE OF DEATH

County Dorchester WITHIN CORPORATE LIMITS OF 107a Registration Dist. No. 116  
 Village or City Cambridge No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. 11 mos. 17 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Mary Lee Etta Lane  
 (a) Residence: No. 47 Robin St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

|  |   |  |
|--|---|--|
| 3. SEX<br><u>F</u>   | 4. COLOR OR RACE<br><u>col</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>single</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of _____<br>(or) WIFE of <u>none</u> |   |  |
| 6. DATE OF BIRTH (month, day, and year) <u>May 9, 1931</u>                           |   |  |
| 7. AGE<br>Years _____<br>Months <u>11</u><br>Days <u>17</u>                          | If LESS than 1 day, _____ hrs. or _____ min.  |  |
| OCCUPATION<br><u>WFO</u>   | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>none</u> |  |
|  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____                |  |
|  | 10. Date deceased last worked at this occupation (month and year) _____                                 |  |
|  |   | 11. Total time (years) spent in this occupation _____                      |

12. BIRTHPLACE (city or town) Cambridge  
 (State or country) Ind

13. NAME Levi Lane

14. BIRTHPLACE (city or town) Dayton Island  
 (State or country) Dorchester Co Ind

15. MAIDEN NAME Hattie Camper

16. BIRTHPLACE (city or town) Cambridge  
 (State or country) Ind

17. INFORMANT Hattie Lane  
 (Address) 47 Robin St Cant Ind

18. BURIAL, CREMATION, OR REMOVAL  
 Place Bethel Cemetery Date April 28, 1932

19. UNDERTAKER Lewis Baynes  
 (Address) Cambridge, Ind.

20. FILED April 28, 1932 E. E. W. G. G.  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 26, 1932  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Lead upon, to Arrival, 19\_\_\_\_  
 I last saw him \_\_\_\_\_ elive on \_\_\_\_\_, 19\_\_\_\_; death is said

to have occurred on the date stated above, at 2:12 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Pneumonia  
(Primary)  
Engest wound  
 Date of onset 4-20-32

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Histology Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Carroll H. St. Clair M. D.

(Address) Cambridge Ind



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04075

## 1. PLACE OF DEATH

County Dorchester  
 Village or City Cambridge

Registration Dist. No. 116  
Eastern Shore State Hospital Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. Salisbury St. Ward.  
 (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |                                  |   |
|---|----------------------------------|---|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>widowed</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of<br><u>James Le Bates</u>                        |                                  |   |
| 6. DATE OF BIRTH (month, day, end year) <u>April 1-1859</u>   |                                  |   |
| 7. AGE<br><u>73</u>   | Years<br><u>0</u>                | Months<br><u>1</u>  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>Housewife</u> |                                  | Days<br><u>own</u>  |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                              |                                  | 10. Date deceased last worked at this occupation (month and year)           |
| 11. Total time (years) spent in this occupation   |                                  |   |

12. BIRTHPLACE (city or town) Maryland  
 (State or country)

13. NAME John Giller  
 14. BIRTHPLACE (city or town) Maryland  
 (State or country)

15. MAIDEN NAME Emily Sylvan  
 16. BIRTHPLACE (city or town) Maryland  
 (State or country)

17. INFORMANT Eastern Shore State Hosp. Records  
 (Address) Cambridge Maryland

18. BURIAL, CREMATION, OR REMOVAL  
 Place Antietam Cem. Date April 4 1932

19. UNDERTAKER W. B. Murrell, Jr.  
 (Address) Delmar Del.

20. FILED Apr. 2 1932 E. E. Webb  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 2nd 1932  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY That attended deceased from  
March 28 1932 to April 2nd 1932

I last saw her alive on April 2nd 1932; death is said to have occurred on the date stated above, at 1:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral arterio-sclerosis Date of onset 1927

Other Contributory Causes of Importance:

Chronic myocarditis 1932

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1932

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Charles Lapierre M. D.

(Address) Cambridge Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04076

## 1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116  
 Village or City Cambridge No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 30 yrs. mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Mary McCready  
 (a) Residence: No. 200 Washington St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

|  |  |   |
|--|--|---|
| 3. SEX<br><u>female</u>  | 4. COLOR OR RACE<br><u>colored</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>Martin McCready</u>             |  |   |
| 6. DATE OF BIRTH (month, day, and year) <u>May 30 1869</u>   |  |   |
| 7. AGE<br>Years <u>62</u>  | Months <u>11</u>   | Days <u>0</u><br>If LESS than<br>1 day, _____ hrs.<br>or _____ min.         |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Domestic</u>  |   |
|  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>General House work</u> |   |
| 10. Date deceased last worked at this occupation (month and year) <u>June 1928</u>                 | 11. Total time (years) spent in this occupation <u>40</u>  |   |
| 12. BIRTHPLACE (city or town) <u>East New Market</u><br>(State or country) <u>Dorchester Co Md</u> |  |   |
| FATHER   | 13. NAME <u>Henry Lee</u>  |   |
|  | 14. BIRTHPLACE (city or town) <u>East New Market</u><br>(State or country) <u>Dorchester Co Md</u>           |   |
| MOTHER   | 15. MAIDEN NAME <u>Nancy Stanley</u>   |   |
|  | 16. BIRTHPLACE (city or town) <u>East New Market</u><br>(State or country) <u>Dorchester Co Md</u>           |   |
| 17. INFORMANT <u>Annie Fletcher</u><br>(Address) <u>206 Oakley St Camb, Md</u>                     |  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Salem, Md.</u> Date <u>May 4, 1932</u>               |  |   |
| 19. UNDERTAKER <u>Lewis Baynes</u><br>(Address) <u>Cambridge, Md.</u>                              |  |   |
| 20. FILED <u>May 4, 1932</u> <u>E. E. Wolff</u><br>Registrar.                                      |  |   |

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 30, 1932  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Dec 28, 1931, to April 30, 1932

I last saw her alive on April 29, 1932; death is said to have occurred on the date stated above, at 8:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Pulmonary  
Tuberculosis  
Cardiovascular Disease

Date of onset

P  
1919

Other Contributory Causes of Importance:

Emphysema

3-10-32

Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Carroll M. St. Clair M. D.(Address) Cambridge Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset |
|---------------------------------------|---------------|
| <i>Arteriosclerosis</i>               | 1915          |
| <i>Chronic interstitial nephritis</i> | 1921          |
| <i>Cerebral hemorrhage</i>            | July 5, 1927  |

Other contributory causes of importance:

|                   |             |
|-------------------|-------------|
| <i>Gallstones</i> | May 1, 1923 |
|-------------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset |
|-------------------------------|---------------|
| <i>Attack of epilepsy</i>     | 1 week ago    |
| <i>Run over by street car</i> | 1 week ago    |
| <i>Peritonitis</i>            | 3 days ago    |

Other contributory causes of importance:

|                        |        |
|------------------------|--------|
| <i>Gastroenteritis</i> | 1 year |
|------------------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64077

## 1. PLACE OF DEATH WITHIN CORPORATE LIMITS OF

(135)

County DorchesterVillage or City Cambridge, Md.,Registration Dist. No. II6No. Cambridge Md Hospital, St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Amy F. Meredith.(a) Residence: No. Toddville, Md.,

St., Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |                                  |  |
|--|----------------------------------|--|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u>        |
| 5e. If married, widowed, or divorced<br>HUSBAND of <u>G. S. Meredith</u><br>(or) WIFE of                   |                                  |  |
| 6. DATE OF BIRTH (month, day, and year) <u>4/3/1870</u>  |                                  |  |
| 7. AGE<br><u>61</u>  | Years<br><u>II</u>               | Months<br><u>28</u>  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>None</u> |                                  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. |
| 10. Date deceased last worked at this occupation (month and year)  |                                  | 11. Total time (years) spent in this occupation                                    |

12. BIRTHPLACE (city or town) Maryland  
(State or country)13. NAME Z. Todd14. BIRTHPLACE (city or town) Maryland  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) R. Horseman  
(State or country) Maryland17. INFORMANT Mrs William Meredith  
(Address) Toddville Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Toddville Md. Date 4/4/32, 193219. UNDERTAKER Granville S. LeCompte.  
(Address) Cambridge, Md.,20. FILED Apr. 4, 1932 E. E. Webb  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 1st, 1932  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from 3/3 1932 to 4/1 1932I last saw him alive on 4/1 1932; death is saidto have occurred on the date stated above, at 4.15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Abcess of right inguinal region  
source not determined

Date of onset

Other Contributory Causes of importance:

Chronic ApertitisName of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Amey Steele(Address) Cambridge, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64078

## 1. PLACE OF DEATH

 County Dorchester  
 Village or City Cambridge

 Registration Dist. No. 116  
 St. Eastern Shore State Hosp. Ward

 Length of residence in city or town where death occurred 4 yrs. 18 mos. 8 ds. How long in U.S. if of foreign birth? 4 yrs. 18 mos. 8 ds.

## 2. FULL NAME

 (a) Residence: No. Salisbury Ind. St. Ind. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

## 6. DATE OF BIRTH (month, day, end year)

 7. AGE about 75 Years Unknown Months Unknown Days Unknown If LESS than 1 day, Unknown hrs. or Unknown min.

 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Janitor  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Shirt factory  
 10. Date deceased last worked at this occupation (month and year) 3 yrs ago 11. Total time (years) spent in this occupation unk.

 12. BIRTHPLACE (city or town) Maryland (State or country)

 13. NAME Sampson Mitchell

 14. BIRTHPLACE (city or town) Maryland (State or country)

 15. MAIDEN NAME Lizzie Mitchell

 16. BIRTHPLACE (city or town) Maryland (State or country)

 17. INFORMANT Eastern Shore State Hosp. Records (Address) Cambridge Maryland

 18. BURIAL, CREMATION, OR REMOVAL Parents' Cemetery Place Salisbury Date April 15, 1932

 19. UNDERTAKER Holloway & Co. (Address) Salisbury Md.

 20. FILED April 3, 1932 E E Weiss Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 3rd 1932  
 (Month) (Day) (Year)

## 22. I HEREBY CERTIFY That I attended deceased from

November 15, 1931, to April 3rd, 1932

 I last saw him alive on April 3rd, 1932; death is said

 to have occurred on the date stated above, at 4:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral arterio sclerosis Date of onset 1928

## Other Contributory Causes of importance:

Fracture of right hip 11 days ago

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

## 23. If death was due to external causes (VIDUENCE fill in also the following:

 Accident, suicide, or homicide? Accident Date of injury Mar 24, 1932

 Where did injury occur? Cambridge-Dorchester Co. Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Eastern Shore State Hospital

 Manner of injury Fell from chair

 Nature of injury Fracture of right hip

 24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

 (Signed) J. Charles Sapierre M. D.

 (Address) Cambridge-Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County

Horchester

Village or City

Vienna (No

## 2 FULL NAME

Herden S. Parker

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 112

If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Colored

5 SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

Married

6 DATE OF BIRTH

Mar. 25, 1895

7 AGE

37

28

If LESS than

1 day... hrs.

...yrs....mos....ds. or... min. ?

8 OCCUPATION

(a) Trade, profession or

particular kind of work

(b) General nature of industry

business, or establishment in

which employed or (employer)

Farm Work

9 BIRTHPLACE

(State or country)

Md

PARENTS

10 NAME OF FATHER

Richard Parker

11 BIRTHPLACE OF FATHER

(State or country)

Md.

12 MAIDEN NAME OF MOTHER

Frances Parker

13 BIRTHPLACE OF MOTHER

(State or country)

Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Daniel Parker

(Address)

Vienna Md

15

Filed April 23 1932 Elizabeth H. Beal Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

4 22, 1932

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended the deceased from

4/15 1932 to 4/21 1932

that I last saw him alive on 4/15 1932

and that death occurred on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH was as follows:

Pulmonary Hemorrhage

(Duration) ...yrs....mos....ds.

Contributory  
Secondary

F.B.

(Duration) ...yrs....mos....da

(Signed) H. B. Rogers M.D.

4/23 1932 (Address) H. B. Rogers Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Vienna

April 24 1932

20 UNDERTAKER

ADDRESS

H. B. Willoughby &amp; Son



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

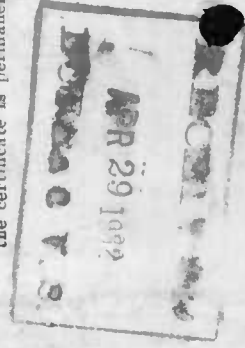
(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired 6 yrs.). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia";

unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Traemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64080

## 1. PLACE OF DEATH

County DorchesterVillage or City CambridgeRegistration Dist. No. 116No. 128 WashingtonSt. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Viola Parker(a) Residence: No. 128 WashingtonSt. Ward

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

Colored5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Jan. 30, 1906

## 7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.26229

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Housework9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country) Cambridge  
Maryland.13. NAME Scott Roberts14. BIRTHPLACE (city or town)  
(State or country) Maryland.15. MAIDEN NAME Eva Parker16. BIRTHPLACE (city or town)  
(State or country) Maryland.17. INFORMANT Martha Anderson  
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Cambridge, Md. Date May 3, 193219. UNDERTAKER Lewis Baynem  
(Address) Cambridge, Md.20. FILED Apr. 30, 1932E. E. Wolff  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 30, 1932  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
April 26, 1932, to April 29, 1932I last saw her alive on April 30, 1932; death is said  
to have occurred on the date stated above, at 6:05 P.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Peritonitis

Other Contributory Causes of Importance:

MiscarriageName of operation Packing of uterus Date of operation Apr 28What test confirmed diagnosis? Physician's23. If death was due to external causes (WOUND, ACCIDENT, or in some other manner)  
Accident, suicide, or homicide? None Date of injury Apr 28Where did injury occur? Home  
(Specify city or town, county and State)Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) Dr. J. H. C. C. C. M. D.  
(Address) Cambridge, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| <i>Arteriosclerosis</i>  | 1915          |
| <i>Chronic interstitial nephritis</i>  | 1921          |
| <i>Cerebral hemorrhage</i>   | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| <i>Gallstones</i>  | May 1, 1923   |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| <i>Attack of epilepsy</i>  | 1 week ago    |
| <i>Run over by street car</i>  | 1 week ago    |
| <i>Peritonitis</i>   | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| <i>Gastroenteritis</i>   | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 110

1 PLACE OF DEATH

County Dorchester

Village or City Near East New Market (No. 23)

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma Rittenhouse

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (Write the word)

6 DATE OF BIRTH Jan 15, 1871 (Month) (Day) (Year)

7 AGE 61 yrs. 2 mos.  ds. or min.? If LESS than 1 day. hrs.

8 OCCUPATION (a) Trade, profession or particular kind of work House work (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) MD

10 NAME OF FATHER Thos. C. Dunn

11 BIRTHPLACE OF FATHER (State or country) MD

12 MAIDEN NAME OF MOTHER Nekola Moore

13 BIRTHPLACE OF MOTHER (State or Country) MD

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos Dunn  
(Address) East New Market

15 Filed April 3 1982 Robt L. Hastings Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 1st, 1982 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Mar 2 1982 to April 2, 1982, that I last saw her alive on Mar 15, 1982

and that death occurred on the date stated above, at 6 P. m. The CAUSE OF DEATH \* was as follows:

Tuberculosis of lungs

(Duration) 3 or 4 yrs. mos. ds.

Contributory Secondary

(Duration) \_\_\_\_\_ yrs. mos. ds.

(Signed) R. L. Hastings M. D. April 2 1982 (Address) New Market, Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_\_ yrs. mos. ds. In the State \_\_\_\_\_ yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Seaford Rd DATE OF BURIAL April 4, 1982

20 UNDERTAKER H. A. Thilloughby ADDRESS E. N. Market

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

APR 6 1932

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc.; *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicæmia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—victim; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, meningitis*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## STATE OF MARYLAND—CERTIFICATE OF DEATH

64082

## 1. PLACE OF DEATH

County Dorchester  
 Village or City Cambridge, Md.

Registration Dist. No. 116

No. Cambridge Med. Hospital St. Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Infant Robbins

(a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |   |  |
|--|---|--|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of |   |  |
| 6. DATE OF BIRTH (month, day, end year) <u>April 10, 1932.</u>     |   |  |
| 7. AGE<br>Years _____ Months _____ Days _____                      | If LESS than<br>1 day, <u>2</u> hrs. _____ min.   |  |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u> |  |
|  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                      |  |
|  | 10. Date deceased last worked at this occupation (month and year)                                       | 11. Total time (years) spent in this occupation                            |

12. BIRTHPLACE (city or town) Cambridge,  
 (State or country) Maryland.

FATHER  
 f3. NAME Wilmer Price Robbins

14. BIRTHPLACE (city or town) Maryland,  
 (State or country)

MOTHER  
 f5. MAIDEN NAME Willie Abbott

16. BIRTHPLACE (city or town) Maryland,  
 (State or country)

17. INFORMANT Mr. Wilmer Price Robbins  
 (Address) Cambridge, Maryland.

18. BURIAL, CREMATION, OR REMOVAL  
 Place Hospital Date Apr. 10, 1932

19. UNOERTAKER Orderly at Hospital  
 (Address) Cambridge, Md.

20. FILED April 11, 1932 EE Wolff  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 10, 1932  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from  
April 10, 1932, to April 10, 1932.

I last saw h. im elive on April 10, 1932; death is said  
 to have occurred on the date stated above, at 7:15 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
 were as follows:

Primatur Birth about 4 1/2 min.

Date of onset

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify \_\_\_\_\_

(Signed) EE Wolff(Address) Cambridge, Md.

M. D.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64083

## 1. PLACE OF DEATH

County Dorchester WITHIN INCORPORATED LIMITS? 107a Registration Dist. No. 116  
 Village or City Cambridge No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. 10 mos. 29 ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Othella Saunders  
 (a) Residence: No. Park Lane St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

|  |   |  |
|--|---|--|
| 3. SEX<br><u>male</u>  | 4. COLOR OR RACE<br><u>colored</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>single</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of _____<br>(or) WIFE of <u>none</u> |   |  |
| 6. DATE OF BIRTH (month, day, and year) <u>May 28, 1931</u>                          |   |  |
| 7. AGE<br>Years _____<br>Months <u>10</u><br>Days <u>29</u>                          | If LESS than<br>1 day, _____ hrs.<br>or _____ min.  |  |
| OCCUPATION<br><u>book</u>  | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>none</u> |  |
|  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____                |  |
| 10. Date deceased last worked at this occupation (month and year) _____              |   | 11. Total time (years) spent in this occupation _____                      |

|   |  |
|---|--|
| MOTHER  | 12. BIRTHPLACE (city or town) _____<br>(State or country) <u>Ind</u>                         |
|   | 13. NAME <u>George Saunders</u>  |
|   | 14. BIRTHPLACE (city or town) <u>Danville</u><br>(State or country) <u>Dorchester Co Ind</u> |
|   | 15. MAIDEN NAME <u>Mary Briggs</u>   |
| FATHER  | 16. BIRTHPLACE (city or town) <u>Cambridge</u><br>(State or country) <u>Ind</u>              |
|   | 17. INFORMANT <u>Mary Saunders</u><br>(Address) <u>Park Lane</u>                             |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Wauke Cemetery</u> Date <u>Apr 29, 1932</u> |  |
| 19. UNDERTAKER <u>Wm. E. Caper</u><br>(Address) <u>308 Meier St. Cambridge Md</u>         |  |
| 20. FILED <u>Apr. 29, 1932</u> <u>E. E. Woff</u><br>Registrar.                            |  |

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 27, 1932  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from  
April 26, 1932, to April 27, 1932

I last saw him alive on April 27, 1932; death is said to have occurred on the date stated above, at 8:25 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Branchopneumonia  
(Pneumonia)

Date of onset  
4-17-32

Other Contributory Causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_  
 Where did Injury occur? \_\_\_\_\_  
 (Specify city or town, county and State)  
 Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of Injury \_\_\_\_\_

24. Was disease or Injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Carroll Westclaw M. D.  
 (Address) Cambridge

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

MAY 7 1928

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED FOR BINDING

V. S. No. 1

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

64084

1 PLACE OF DEATH  
County Dorchester

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 112.

Village or City Vienna, R.D. (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Frank Sellers.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower.  
(Write the word)

6 DATE OF BIRTH September 22nd., 1851.  
(Month) (Day) (Year)

7 AGE 80 yrs. 6 mos. 20 ds. or 1 day hrs.  
If LESS than 1 day

8 OCCUPATION  
(a) Trade, profession or particular kind of work Farmer. (Retired.)  
(b) General nature of industry, business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) Maryland.

PARENTS  
10 NAME OF FATHER Thomas Sellers.  
11 BIRTHPLACE OF FATHER (State or country) Pennsylvania.  
12 MAIDEN NAME OF MOTHER Elizabeth Dukes.  
13 BIRTHPLACE OF MOTHER (State or country) Maryland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) George Sellers. (Son.)  
(Address) Vienna, Md.

15 Filed April 11" 1932. E. E. Baskin Local Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 11th., 1932. 1932  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from February 8" 1932 to April 7th., 1932.  
that I last saw him alive on April 7th., 1932.  
and that death occurred on the date stated above, at 6:35 A.m.

The CAUSE OF DEATH \* was as follows:  
Chronic Interstitial Nephritis.

(Duration) 10 yrs. mos. ds.  
Contributory Prostatitis, infection &  
Secondary General infirmities of age.  
(Duration) 10 yrs. mos. ds.  
(Signed) Edward J. Baskin M. D.  
April 11" 1932. (Address) Vienna, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 10 yrs. mos. ds. In the State 10 yrs. mos. ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Steele's Neck, Dor., Co. Md. DATE OF BURIAL April 13" 1932.  
ADDRESS E. N. Market, Md.

20 UNDERTAKER Willoughby & Son.



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *(trading)*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement, "Never return 'Laborer,'" "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL, septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A little data is essential and must be obtained before the certificate is permanently filed.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64085

## 1. PLACE OF DEATH

County Dorchester  
Village or City WoolfordRegistration Dist. No. 116

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. Woolford St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) April 24, 1932

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Md  
(State or country)13. NAME Charles A. Shenton14. BIRTHPLACE (city or town) Md  
(State or country)15. MOTHER NAME Edna W. Dixon16. BIRTHPLACE (city or town) Md  
(State or country)17. INFORMANT Edna W. Shenton  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Braham Date Apr 25, 193219. UNOERTAKER Chas. A. Shenton  
(Address)20. FILED Apr 24, 1932 E. E. Willey  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 24 1932  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to April 24, 1932

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Still born -  
Oblique position in  
primipara  
Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) For: R. Shriver M. O.(Address) Cambridge Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04086

## 1. PLACE OF DEATH

County Dorchester  
 Village or City Fishing Creek,

Registration Dist. No. 115

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Stell born Simmons

(a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |   |  |
|--|---|--|
| 3. SEX<br><u>unknown</u>   | 4. COLOR OR RACE<br><u>white</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>single</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of _____<br>(or) WIFE of _____ |   |  |
| 6. DATE OF BIRTH (month, day, and year) <u>April 18-1932</u>                   |   |  |
| 7. AGE<br><u>Stell born</u>  | Years _____ Months _____ Days _____   | If LESS than<br>1 day, _____ hrs.<br>or _____ min.                         |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>none</u> |  |
|  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____                |  |
|  | 10. Date deceased last worked at this occupation (month and year) _____                                 |  |
|  | 11. Total time (years) spent in this occupation _____   |  |

12. BIRTHPLACE (city or town) Fishing Creek,  
 (State or country) MD.

FATHER 13. NAME Monroe Talmage Simmons

14. BIRTHPLACE (city or town) Fishing Creek,  
 (State or country) Maryland

MOTHER 15. MAIDEN NAME Blanche Emma Ann

16. BIRTHPLACE (city or town) Fishing Creek,  
 (State or country) Maryland

17. INFORMANT Blanche Simmons  
 (Address) Fishing Creek, MD.

18. BURIAL, CREMATION, OR REMOVAL  
 Place Fishing Creek, MD. Date April 19, 1932

19. UNDERTAKER Monroe Simmons  
 (Address) Fishing Creek, MD.

20. FILED April 19, 1932 James W. Meade  
LOCAL Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 18, 1932  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from  
April 18, 1932, to April 18, 1932  
 I last saw Stell born on Apr 18, 1932; death is said

to have occurred on the date stated above, at 11 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stell birth

Per & Merns Gestation  
about 3 months

Date of onset

Other Contributory Causes of importance:

Name of operation Cesarean Date of April 18  
 What test confirmed diagnosis? incomplete abortion Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) James W. Meade M. D.  
 (Address) Fishing Creek, MD.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH 64087

## 1. PLACE OF DEATH

County Dorchester, Md. Registration Dist. No. 116  
 Village or City Cambridge No. Cambridge Md. 116th St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. Rhodesdale Md. Ward \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |                                    |  |
|--|------------------------------------|--|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>Colored</u> | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br><u>Married</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>Ella Smullen</u>                        |                                    |  |
| 6. DATE OF BIRTH (month, day, and year) <u>August 1880</u>   |                                    |  |
| 7. AGE<br>Years <u>51</u>  | Months <u>8</u>                    | Days <u>29</u><br>If LESS than 1 day, _____ hrs. _____ min.                    |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Laborer</u> |                                    |  |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>mining</u>           |                                    |  |
| 10. Date deceased last worked at this occupation (month and year) <u>Nov 1931</u>                          |                                    |  |
| 11. Total time (years) spent in this occupation  |                                    |  |

12. BIRTHPLACE (city or town) Delaware  
 (State or country)

13. NAME Elijah Smullen  
 14. BIRTHPLACE (city or town) Delaware  
 (State or country)

15. MAIDEN NAME Ellen Ridgeway  
 16. BIRTHPLACE (city or town) Delaware  
 (State or country)

17. INFORMANT Ellen Smullen  
 (Address)

18. BURIAL, CREMATION, OR REMOVAL Rhode Shore  
 Place James Thicket Date May 2, 1932

19. UNDERTAKER W. M. St. Clair  
 (Address) Cambridge, Md.

20. FILED May 2, 1932 E. E. Woff  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Apr 24, 1932  
 (Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Apr 24, 1932, to Apr 29, 1932  
 I last saw h. in alive on Apr 24, 1932; death is said to have occurred on the date stated above, at 8:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Diffuse Hemolytic  
Streptococcus infection

Date of onset

## Other Contributory Causes of importance:

none known, original cause of infection not known

Name of operation excision of abscess Date of Apr 25  
 What test confirmed diagnosis? Culture Was there an autopsy? no

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or Injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Sam Steel M. D.

(Address) Cambridge Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

## Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

*Attack of epilepsy*

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia");

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 7 1932

N. B.—WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64089

## 1. PLACE OF DEATH

County Dorchester,Village or City Near Finchville,Registration Dist. No. 110

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME John Stocker,(a) Residence: No. Rhodesdale, Md. R.F.D. St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (*write the word*)  
Widowed.5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofRose Stocker.6. DATE OF BIRTH (month, day, end year) Mar. 17th. 1880

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.52I9

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Day laborer9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.on farm.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country)Hungary

FATHER

13. NAME

Jacob Stocker,

MOTHER

14. BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country)Hungary

15. MAIDEN NAME

No data.16. BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country)17. INFORMANT \_\_\_\_\_  
(Address)Joseph Stocker,  
Rhodesdale, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Federalburg, Md. Date Apr. 28, 193219. UNDERTAKER \_\_\_\_\_  
(Address)J. T. Frampton & Son.  
Federalburg, Md.20. FILED 4/28, 1932 Robert L. Hastings  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 26th.

(Month)

(Day)

1932

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Apr. 26, 1932, to Apr. 26, 1932  
I last saw him alive on Apr. 26, 1932; death is saidto have occurred on the date stated above, at 3-P- m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Acute Pulmonary  
Oedema, with  
marked Hypertension

Other Contributory Causes of importance:

Name of operation None

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) W. E. Garrison(Address) Federalburg, Md.

M. D.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset |
|---------------------------------------|---------------|
| <i>Arteriosclerosis</i>               | 1915          |
| <i>Chronic interstitial nephritis</i> | 1921          |
| <i>Cerebral hemorrhage</i>            | July 5, 1927  |

Other contributory causes of importance:

|                   |             |
|-------------------|-------------|
| <i>Gallstones</i> | May 1, 1923 |
|-------------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset |
|-------------------------------|---------------|
| <i>Attack of epilepsy</i>     | 1 week ago    |
| <i>Run over by street car</i> | 1 week ago    |
| <i>Peritonitis</i>            | 3 days ago    |

Other contributory causes of importance:

|                        |        |
|------------------------|--------|
| <i>Gastroenteritis</i> | 1 year |
|------------------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

64030

## 1. PLACE OF DEATH

County Borchester

Village or City Veinina

Registration Dist. No. 112

Nd.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(Stillborn) Tillman

(a) Residence: No. Veinina Md

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |                                  |  |
|--|----------------------------------|--|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u>         |
| 5a. If married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of                                       |                                  |  |
| 6. DATE OF BIRTH (month, day, and year) <u>April 29 - 1932</u>   |                                  |  |
| 7. AGE<br>Years<br><u>0</u>  | Months<br><u>0</u>               | Days<br><u>0</u>   |
| If LESS than<br>1 day, _____ hrs.<br>or _____ min.   |                                  |  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>SP</u> |                                  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. |
| 10. Date deceased last worked at this occupation (month and year)  |                                  | 11. Total time (years) spent in this occupation                                    |

OCCUPATION

## 12. BIRTHPLACE (city or town)

(State or country)

Maryland

FATHER

## 13. NAME

Harry Tillman

## 14. BIRTHPLACE (city or town)

(State or country)

Halland

MOTHER

## 15. MAIDEN NAME

Marietta Bellie

## 16. BIRTHPLACE (city or town)

(State or country)

Alabama

## 17. INFORMANT

(Address)

(Father) Harry Tillman  
Veinina

## 18. BURIAL, CREMATION, OR REMOVAL

Place Buried with debris

of operation  
April 29, 1932

## 19. UNDERTAKER

(Address)

Family  
Veinina

## 20. FILED

May 2, 1932

Elizabeth D. Drake  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April

29

1932

(Month)

(Day)

(Year)

## 22.

I HEREBY CERTIFY, That I attended deceased from

April 29, 1932, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; death is said

to have occurred on the date stated above at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillbirth at 3 months.

Date of onset

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) LG

(Address) Veinina Md

M. D.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

## Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

64091

## 1. PLACE OF DEATH

County Dorchester

Registration Dist. No. 116

Village or City Cambridge

No. Eastern Shore State Hospital, Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 16 yrs. 11 mos. 8 ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Benjamin W. Todd

(a) Residence: No. Dorchester County, Md. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year) November 4, 1854

7. AGE Years 77 Months 5 Days 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farmer

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Unknown  
(State or country) Maryland

13. NAME Benjamin Todd

14. BIRTHPLACE (city or town) Unknown  
(State or country) Maryland

15. MAIDEN NAME Nancy Wallace

16. BIRTHPLACE (city or town) Unknown  
(State or country) Maryland

17. INFORMANT E.S.S. Hospital Records  
(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL  
Place Greenlawn Cambridge Cemetery Date April 28, 1932

19. UNDERTAKER Frank E. Albaugh  
(Address) Cambridge, Md.

20. FILED Apr. 28, 1932 E.E. Wolff Registrar.

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

April 26, 1932  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1930 to April 26, 1932

I last saw him alive on April 26, 1932; death is said

to have occurred on the date stated above, at 4:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Arterio-sclerosis

Date of onset

Since 1915

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fit in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Charles Lapierre M. D.

(Address) Cambridge, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64092

## 1. PLACE OF DEATH

County Dorchester  
 Village or City Cambridge

Registration Dist. No. 116

No. Cambridge Hospital Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Travers(a) Residence: No. Church Break  
 (Usual place of abode)

St. Ward.

Maryland

If nonresident, give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |                                    |   |
|---|------------------------------------|---|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>Colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>William Travers</u>                        |                                    |   |
| 6. DATE OF BIRTH (month, day, and year) <u>Feb. 22, 1877</u>  |                                    |   |
| 7. AGE<br>Years <u>55</u><br>Months <u>1</u><br>Days <u>14</u><br>If LESS than 1 day, hrs. or min.            |                                    |   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House work</u> |                                    |   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                            |                                    |   |
| 10. Date deceased last worked at this occupation (month and year) <u>1932</u>                                 |                                    | 11. Total time (years) spent in this occupation <u>36 1/2</u>               |

|                 |  |
|-----------------|--|
| MOTHER / FATHER | 12. BIRTHPLACE (city or town) (State or country) <u>Dorchester Co. Md.</u> |
|                 | 13. NAME <u>Geo. Bennett</u>   |
|                 | 14. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>           |
|                 | 15. MAIDEN NAME <u>Mary Dutton</u>   |
|                 | 16. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>           |

|  |
|--|
| 17. INFORMANT <u>Geo. Travers</u><br>(Address) <u>Cambridge, Md.</u>                     |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Beth Amatory</u> Date <u>Apr. 11, 1932</u> |
| 19. UNDERTAKER <u>Levie Bayne</u><br>(Address) <u>Cambridge, Md.</u>                     |
| 20. FILED <u>Apr. 11, 1932</u> <u>E. E. Wray</u><br>Registrar.                           |

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 6, 1932  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1932, to Apr 5, 1932

I last saw her alive on Apr 5, 1932; death is said

to have occurred on the date stated above, at 8:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General peritonitis with suppuration  
since

Date of onset Mar 24  
1932

Other Contributory Causes of importance:

Aspirational appendicitis

Name of operation General abdominal Date of Apr 6, 1932

What test confirmed diagnosis? Passing finger Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) B. H. Travers

M. D.

(Address) Cambridge, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64093

## 1. PLACE OF DEATH

County DorchesterVillage or City Near Vienna, R. D. D.

No.

Registration Dist. No. 112

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

George W. Duckett(a) Residence: No. Vienna, Ind. R. D. D. St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |  |   |
|--|--|---|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>Sallie A. Duckett</u> |  |   |
| 6. DATE OF BIRTH (month, day, and year) <u>July 14<sup>th</sup> 1875</u>                 |  |   |
| 7. AGE<br>Years <u>56</u>  | Months <u>9</u>  | Days <u>6</u>   |
|  |  | If LESS than<br>1 day, hrs. min.  |
| OCCUPATION<br><u>017</u>   | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Farming</u> |   |
|  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                         |   |
| 10. Date deceased last worked at this occupation (month and year)                        |  | 11. Total time (years) spent in this occupation                             |

|   |  |
|---|--|
| FATHER  | 12. BIRTHPLACE (city or town) (State or country) <u>Penna.</u>                       |
|   | 13. NAME <u>Richard Duckett</u>  |
|   | 14. BIRTHPLACE (city or town) (State or country) <u>Penna.</u>                       |
|   | 15. MAIDEN NAME <u>Louise James</u>  |
| MOTHER  | 16. BIRTHPLACE (city or town) (State or country) <u>England</u>                      |
|   | 17. INFORMANT <u>Mrs. Sallie A. Duckett</u><br>(Address) <u>Vienna Ind. R. D. D.</u> |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Vienna Ind.</u> Date <u>Apr. 24<sup>th</sup> 1932</u> |  |
| 19. UNDERTAKER <u>F. J. Transfom &amp; Son</u><br>(Address) <u>Federalburg Ind.</u>                 |  |
| 20. FILED <u>April 21, 1932</u> <u>Elizabeth M. Craft</u><br>Local Registrar                        |  |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 20<sup>th</sup> 1932  
(Month) (Day) (Year)22. I HEREBY CERTIFY That I attended deceased from April 1<sup>st</sup> 1932 to April 19<sup>th</sup> 1932I last saw him alive on April 19<sup>th</sup> 1932; death is saidto have occurred on the date stated above, at 5:25 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Angina Pectoris

Date of onset

Other Contributory Causes of Importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William E. Smith M. D.(Address) Helena, Ind.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64094

## 1. PLACE OF DEATH

County DorchesterVillage or City Cambridge, Md.

Length of residence in city or town where death occurred

WITHIN CORPORATE LIMITS OF

Registration Dist. No. 116

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Mrs. Kate E. Umphries

(a) Residence: No.

306 Delmar Ave

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                         |                                  |   |
|-------------------------|----------------------------------|---|
| 3. SEX<br><u>Female</u> | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
|-------------------------|----------------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofJames Umphries

6. DATE OF BIRTH (month, day, and year)

May 14, 1842

7. AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.881126

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Md.

FATHER

13. NAME

Peter Roudsmauth

14. BIRTHPLACE (city or town)

(State or country)

Md.

MOTHER

15. MAIDEN NAME

Maria Ziege

16. BIRTHPLACE (city or town)

(State or country)

Germany

17. INFORMANT

(Address)

Mrs. Geo. Ziegler  
Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Registration

Date

May 3

1932

19. UNDERTAKER

(Address)

Frank E. Altough & Son Cook  
Cambridge, Md.

20. FILED

May 1

1932

E. E. Wolf

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April

(Month)

30

(Day)

1932

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 28, 1932, to April 30, 1932I last saw him alive on April 28, 1932; death is saidto have occurred on the date stated above, at 10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Softening

Date of onset

1-1 1/2 yrs

Other Contributory Causes of Importance:

Cerebral Thrombosis1-2 yrs

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Geo. F. Shivers, Jr. M. D.  
Cambridge, Md.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       |                     |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               |                   |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

64095

## 1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116  
 Village or City Cambridge No. 1 Ward 1  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. 1111 St. St. Mary Ward 1  
 (b) Place of birth: India (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) April 18/32  
 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 4 to 5 months

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None  
 10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Cambridge Ind

13. NAME Unknown  
 14. BIRTHPLACE (city or town) (State or country) Ind

15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT (Address) Coroner's Physician

18. BURIAL, CREMATION, OR REMOVAL Cremation, April 19, 1932  
 Place Unknown Date 19

19. UNDERTAKER (Address) Frank E. Albright

20. FILED Apr. 17, 1932  
Cambridge Ind Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr 24 1932 (Month) (Day) (Year)

22. I HEREBY CERTIFY, that I attended deceased from Apr 19/32 to Apr 24/32 1932

I last saw him alive on Apr 19/32; death is said to have occurred on the date stated above, at 1000 No.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Unknown  
 Other Contributing Causes of Importance: Unknown

Name of operation Unknown Date of None  
 What test confirmed diagnosis? Unknown Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:  
 Accident, suicide, or homicide Unknown Date of Injury Unknown  
 Where did injury occur? Unknown  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Unknown  
 Nature of Injury Unknown

24. Was disease or injury in any way related to occupation of deceased Unknown  
 If so, specify Unknown  
 (Signed) Coroner's Physician M. D.  
 (Address) Cambridge Ind

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       |                     |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               |                   |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

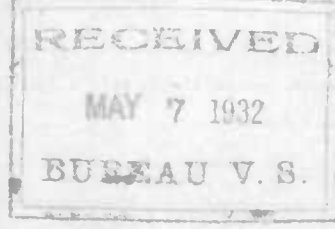


# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired 6 yrs.). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia")



unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Collapse," "Coma," "Con-symptomatic," "Atrophy," "Collapse," "Coma," "Con-vulsions," "Debility" ("Congenital," "Sculle," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemor-rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Traemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was under-taken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The na-ture of the injury, as fracture of skull, and conse-quences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on state-ment of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all ques-tions answered in detail, it will prevent further correspond-ence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64097

## 1. PLACE OF DEATH

County Dorchester WHEE CORPORATE LIMITED Registration Dist. No. 116  
 Village or City Cambridge, Md. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME James Wesley Waddell

(a) Residence: No. 129 Vue de Leau St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |                                  |   |
|---|----------------------------------|---|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of _____<br>(or) WIFE of <u>Nannie Manning</u>                    |                                  |   |
| 6. DATE OF BIRTH (month, day, and year) <u>Sept. 8, 1845</u>  |                                  |   |
| 7. AGE<br>Years <u>86</u>   | Months <u>7</u>                  | Days <u>5</u><br>If LESS than<br>1 day, _____ hrs.<br>or _____ min.         |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Retired Lawyer</u> |                                  |   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                                |                                  |   |
| 10. Date deceased last worked at this occupation (month and year)   |                                  | 11. Total time (years) spent in this occupation                             |

12. BIRTHPLACE (city or town) \_\_\_\_\_  
 (State or country) Maryland.

13. NAME Collison Waddell  
 14. BIRTHPLACE (city or town) \_\_\_\_\_  
 (State or country) Maryland.

15. MAIDEN NAME Henrietta Mowbray  
 16. BIRTHPLACE (city or town) \_\_\_\_\_  
 (State or country) Maryland.

17. INFORMANT Miss Nancy Waddell  
 (Address) Cambridge, Maryland.

18. BURIAL, CREMATION, OR REMOVAL  
 Place Cambridge, Md. Date April 15, 1932

19. UNDERTAKER Frank E. Albaugh  
 (Address) Cambridge, Maryland.

20. FILED Apr 14, 1932 E E Woff  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 13 1932  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1932, to Apr. 13, 1932

I last saw him alive on April 12, 1932; death is said to have occurred on the data stated above, at 5 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma (anillary glands) Date of onset unknown

Other Contributory Causes of importance:  
Valv. Heart Disease 1930

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) E E Woff M. D.  
 (Address) Cambridge, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| <i>Arteriosclerosis</i>  | 1915          |
| <i>Chronic interstitial nephritis</i>  | 1921          |
| <i>Cerebral hemorrhage</i>   | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| <i>Gallstones</i>  | May 1, 1923   |

## Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| <i>Attack of epilepsy</i>  | 1 week ago    |
| <i>Run over by street car</i>  | 1 week ago    |
| <i>Peritonitis</i>   | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| <i>Gastroenteritis</i>   | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 110

1 PLACE OF DEATH

County Brockester

Village or City Hurlock (No

St. Ward)

If death occurred in a hospital or institution, give its NAME in- stead of street and number.)

2 FULL NAME George W. Waters

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Colored 5 SINGLE, MARRIED, WIDOWED OR DIVORCED single  
(Write the word)

6 DATE OF BIRTH June 10, 1856  
(Month) (Day) (Year)

7 AGE about 62 yrs. 10 mos. 7 ds. or min. ?  
If LESS than 1 day... hrs.

8 OCCUPATION  
(a) Trade, profession or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) md

PARENTS  
10 NAME OF FATHER Geo Waters  
11 BIRTHPLACE OF FATHER (State or country) md  
12 MAIDEN NAME OF MOTHER Martha Wright  
13 BIRTHPLACE OF MOTHER (State or country) md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Ward Waters  
(Address) Hurlock

15 Filed 4/18 1932 Robert L. Hastings  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 (Month) 17 (Day), 1932 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 4/11 1932, to 4/17 1932, that I last saw him alive on 4/16 1932, and that death occurred on the date stated above, at 9 P m.

The CAUSE OF DEATH was as follows:  
Senility & arteriosclerosis

Contributory Secondary  
(Duration) ..... yrs. .... mos. .... da.  
(Signed) J. R. Quinn M.D.  
4/18 1932 (Address) Hurlock md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs. .... mos. .... da. In the State, ... yrs. .... mos. .... da.  
Where was disease contracted, if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Hurlock md DATE OF BURIAL April 19 1932  
20 UNDERTAKER J. B. Willoughby ADDRESS Hurlock

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V.S. No. 1.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

See note under "Myra"  
change in age. my

7/4/32 authorizing

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired 5 yrs.). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho pneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Collapse," "Coma," "Consymptomatic," "Atrophy," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Tumult," "Marasmus," "Old Age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
MAY 7 1932  
BUREAU OF VITAL STATISTICS  
U. S. DEPARTMENT OF COMMERCE

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64099

## 1. PLACE OF DEATH

County Dorchester  
Village or City Brookview

Registration Dist. No. 110

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Napolean Willin,(a) Residence: No. Rhodesdale, Md. R.F.D. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male, 4. COLOR OR RACE White, 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married,  
(write the word)

5a. If married, widowed, or divorced  
HUSBAND of Cora V. Willin,  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 13th. 1861

7. AGE Years 71 Months 1 Days 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Day laborer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dorchester Co., Maryland.  
(State or country)

13. NAME James Willin,

14. BIRTHPLACE (city or town) Dorchester Co., Maryland.  
(State or country)

15. MAIDEN NAME Mary Andrews,

16. BIRTHPLACE (city or town) Dorchester Co., Maryland.  
(State or country)

17. INFORMANT Mrs. Cora V. Willin,  
(Address) Rhodesdale, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL  
Place Brookview, Md. Date Apr. 24, 1932

19. UNDERTAKER J. T. Frampton & Son.  
(Address) Federalburg, Md.

20. FILED 4/22, 1932 Robert L. Hastings  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April, 22nd., 1932  
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from May 12, 1931, to April 22, 1932

I last saw him alive on April 20, 1932, death is said to have occurred on the date stated above, at 2-A- m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Thrombosis and embolism, near the brain.

Date of onset

Other Contributory Causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis Poisoning Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or Injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) L. E. Drayton M. D.

(Address) Richwood, Ind.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state: . . .

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

## Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN